

**CLAIMS AS FILED - PART I**

FOR	NUMBERED	NUMBER EXTRA
BASE FEE		
PI/CRA L.I.ECH		
TOTAL CLAIMS		
PI/CRA L.I.ECH	above 20 +	
INDEMNITY CLAIMS		
PI/CRA 1.16/01	above 3 +	

<sup>1</sup> All the differences in column 1 is for 1:1 type ratio, while "2" in column 2

NAME	ADDRESS	NAME	ADDRESS
MR. J. B. HARRIS	1000 BROADWAY	MR. J. B. HARRIS	1000 BROADWAY
MR. J. B. HARRIS	1000 BROADWAY	MR. J. B. HARRIS	1000 BROADWAY
MR. J. B. HARRIS	1000 BROADWAY	MR. J. B. HARRIS	1000 BROADWAY
MR. J. B. HARRIS	1000 BROADWAY	MR. J. B. HARRIS	1000 BROADWAY
TOTAL		TOTAL	

**CLAIMS AS AMENDED - PART II**

7124101

124103 (Column 1)

AMENDMENT A	CLASIS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESNT EXTRA
Total (100 CARS 1000000)	16	Wants	" 20	—
Subsequent (100 CARS 1000000)	3	Wants	... 3	—

FIRST PRESCRIPTION OF NEW LIFE DEPENDENT DRUGS - GLUCOSE KIT

SMALL ENTITY		SMC	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
<u>\$ 1.25</u>			<u>\$ 1.50</u>	
<u>\$ 1.00</u>			<u>\$ 1.200</u>	
<u>\$ 1.00</u>			<u>\$ 1.00</u>	
<b>TOTAL ADDT FEE</b>			<b>TOTAL ADDT FEE</b>	

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)	
	CLASSIS REMARKING AFTER ANCHORING		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
	Total 12 CFR 1460	8	Number	20		
	Subsidy 12 CFR 1460	8	Number	3		
	FIRST PRESENTATION OF VARIABLE DEPENDENT CLASS (12 CFR 1460)					

FIRST PRESENTATION OF A MULTIDIMENSIONAL CLAIM (37 CFR 1.76(b))

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
2.5		2.5	
3.5		3.5	
4.5		4.5	
<b>TOTAL ADD'L FEE</b>		<b>TOTAL ADD'L FEE</b>	

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REBILLED AFTER ALLEGATION	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER	REBILLED NUMBER	STATUS	NUMBER PAID FOR
Initial Presentation		Initial	''			
Independent Presentation		Initial	'''			

(Column 1) (Column 2) (Column 3)

RATE	ADDI. TIONAL FEE	RATE	ADDI. TIONAL FEE
R.S. <u>  </u>		R.S. <u>  </u>	
R.S. <u>  </u>		R.S. <u>  </u>	
R.S. <u>  </u>		R.S. <u>  </u>	
<b>TOTAL AUDIT FEE</b>		<b>TOTAL AUDIT FEE</b>	

\* If the entry in column 1 is less than the entry in column 2, enter "1" in column 3.  
\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".  
\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 2, enter "3".  
The "Highest Number Previously Paid For" (total or independent) is the highest number found in the appropriate line in column 1.  
This claim is an individual, or is equivalent to 37 C.F.R. 1.16. The information is required in column 1 when a benefit for the previous claims is being paid to the USPTO to process an application. Confidentiality of a claim by 35 U.S.C. 1.14 and 37 C.F.R. 1.14. This collection is estimated to last 12 months for a complete, including searching, examining, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the 1.14 should inform you, leaving it confidential. The Luns and/or suggestions for reducing this burden, should be sent to the Patent Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, 1700 F Street, N.W., Washington, D.C. 20530. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. TO THIS ADDRESS, E-MAIL TO: [PTO-SAC-1@USPTO.GOV](mailto:PTO-SAC-1@USPTO.GOV).

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